

Hamlin Tool & Machine, Inc.
1671 East Hamlin Rd
Rochester, MI 48307

REMIT TO:
Hamlin Tool & Machine Company
1671 East Hamlin Rd
Rochester, MI 48307

INVOICE NUMBER
SID 064528

S GMC1200
O DELPHI SAGINAW
L
D NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
PONTIAC, MI 48343-6040
T
O

S 05
H DELPHI S PLANT 5 FWD AXLES
I
P 3900 EAST HOLLAND RD.
CISCO: 44025 SAP#K905
SAGINAW, MI 48601
T United States
O

SUPPLIER CODE		TERMS		F.O.B.		INVOICE DATE	
057015273		2nd day 2nd month		ROCHESTER, MI		09/28/05	
SHIP DATE	SHIPPER NO.	SHIPPED VIA		GROSS		TARE	NET
09/28/05	064528	BAX GLOBAL		93		21	90
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION			QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG90I0236	07834482 RETAINER, GREASE INTERNAL #: 1159			6,000	EA	.0535	\$321.00
							\$0.00
						Subtotal	\$321.00
						Sales Tax	\$0.00
						Freight Charges	\$0.00
						Invoice Total	\$321.00
Disc Available	\$0.00						
Funds: USD							



1671 East Hamlin Road
Rochester, Michigan 48307
Phone: 248-651-6302
Fax: 248-651-0703
DUNS #057015273

S O L D T O
GMACG-DELPHI SAGINAW
NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
P.O. BOX 436040
PONTIAC, MI 483436040

005356878
DELPHI S PLANT 5 FWD AXLES
3900 HOLLAND RD.
CISCO: 44025 SAPH: K905
SAGINAW, MI 48601

DATE	INVOICE NO./ PACKING SLIP NO.
09/28/05	\$10 64528
BILL OF LADING	64528

SUPPLIER NO. 057015273		SHIPPED VIA BAX GLOBAL		TERMS 25TH PROX	
OUR NO. 1159	PURCHASE ORDER NO. SAG9010256 1118000	NO. OF PKGS. GROSS WT. 3 93	PART NUMBER DESCRIPTION 07834482 RETAINER, GREASE REV. 00 LOT 98105 6000 PCS BOX# CALL ALVAN FOR PICK UP 1-800-642-5826 PRICE EFF. 1/1/05-12/31/05	QUANTITY SHIPPED 6000	UNIT PRICE AMOUNT
<p>3-SC</p> <p> ← TOTAL NO. OF PACKAGES ← TOTAL WEIGHT </p> <p>93</p>					
<p>We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of the regulations and orders of the United States Department of Labor issued under Section 14 thereof.</p>					

NUMERICAL FILE COPY



GLOBAL 440 EXCHANGE
IRVINE, CA 92602

DATE	5/2/05	ORIGIN	DTW	DESTINATION	
SHIPPER'S REFERENCE NO.		SHIPPER'S ACCOUNT NO.			
61521		89197452			
COMPANY		DEPT./FLOOR			
HAYL IN TOOL & MACHINE					
FROM (YOUR NAME)		PHONE NO.			
Candell 333 Centerville Rd					
STREET ADDRESS		STATE			
1671 HAYL IN RD		MI			
CITY		ZIP (REQUIRED)			
ROCHESTER		48307			

AIRBILL NUMBER
701 725 393

2		CONSIGNEE'S REFERENCE NO.	CONSIGNEE'S ACCOUNT NO.
COMPANY		DEPT./FLOOR	
Deloitte & Touche			
TO CONSIGNEE NAME		PHONE NO.	
Deloitte & Touche			
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A P.O. BOX)		STATE	
3500 Deloitte		MI	
CITY		ZIP (REQUIRED)	
Solomons		48101	

5		HANDLING INFORMATION (SPECIAL RATE MAY APPLY)	
<input type="checkbox"/> HOLD AT BAX		<input type="checkbox"/> DANGEROUS GOODS	
<input type="checkbox"/> SPECIAL DELIVERY		<input type="checkbox"/> CONVENTION	
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION:		RMK 1	
RMK 2		NO. OF PCS.	
1		WEIGHT	
1		LENGTH	
1		WIDTH	
1		HEIGHT	
1		REWEIGHT	
1		TOTAL WT.	
1		TOTAL PCS.	
1		NO. OF PIECES	
1		SKID(S) SAID TO CONTAIN	
1		DESCRIPTION	
1		MOTOR PARTS	
1		DECLARED VALUE	
1		SIGNATURE X	
1		RELEASE	
1		SHIPPER'S SIGNATURE	
1		DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE	

BILLING INFORMATION		CASH RECEIVED (PAID IN ADVANCE)	
<input type="checkbox"/> PREPAID (SHIPPER)		\$	
<input type="checkbox"/> COLLECT (CONSIGNEE)		RATE QUOTE NUMBER	
<input checked="" type="checkbox"/> 3RD PARTY (ACCT. NO. REQ'D)		COUNT NO.	
54319139531		COMPANY/NAME	
C.O.D.		BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN	

AIRBILL NUMBER		701 725 393	
DATE		5/2/05	
SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X		PRINT NAME X	
DATE		5/2/05	
DECLARED VALUE		FOR BAX GLOBAL USE ONLY	
LIMIT OF LIABILITY		RECEIVED BY BAX AT	
\$		<input type="checkbox"/> SHIPPER'S DOOR	
		<input type="checkbox"/> BAX TERMINAL	
		OUTSIDE CARRIER: \$	
		CHARGES ADVANCED	
		PRO NUMBER	
		CARRIER NAME	

RECEIVED BY BAX GLOBAL DRIVER / AGENT		1st personal ID reviewed:	
Driver Signature: Fran Clark		# appearing on ID	
Print Name: FRANK CLARK		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Pick Up Date: 5/2/05		2nd personal ID reviewed:	
Time: 11:20		# appearing on ID	
Driver No. 1039		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.		SHIPPER COPY	

1-800-CALL-BAX
FOR INFORMATION OR THE
BAX OFFICE NEAREST YOU

3		SERVICE REQUESTED	
GUARANTEED SERVICES		CALL YOUR LOCAL BAX STATION	
<input type="checkbox"/> Guaranteed First Arrival (EMR 1)		<input type="checkbox"/> Guaranteed Overnight (EMR 2)	
<input type="checkbox"/> Guaranteed Airport-to-Airport (EMR 3)		<input type="checkbox"/> Guaranteed 2nd Day (ER2 D)	

STANDARD SERVICES		OVERNIGHT (NEXT BUSINESS DAY)	
<input type="checkbox"/> SECOND DAY		<input checked="" type="checkbox"/> BAX SAVER	
<input type="checkbox"/> NEXT FLIGHT AVAILABLE		<input type="checkbox"/> OTHER	

09/28/05

STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable

Pg 4 of 4

SID# 64528

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

CARRIER:

BAX GLOBAL

BAXG

CARRIER'S NO.:

SHIPPER'S NO.:

From

HAMLIN TOOL AND MACHINE COMPANY, INC.

At

ROCHESTER, MICHIGAN 48307

D-U-N-S #057015273

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

DELPHI S PLANT 5 FWD AXLES
3900 HOLLAND RD.
CISCO: 44025 SAP#: K905

(Mail or street address of consignee - For purposes of notification only)

SAGINAW, MI 48601

NO. PACKAGES

DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS

WEIGHT
(SUBJECT TO CORRECTION)CLASS
RATE ORCHECK
COL

Supplier#

057015273

SID #

3 PCS71 CARTON

64528

90 NET WT.

3 TARE WT.

93 GROSS WT.

DELPHI S PLANT 5 FWD AXLES

===== T O T A L S =====
90 TOT NET 3 TOT TAR 93 TOT GRS

PCS71-3

CLASS RATE: 50 AUTOMOTIVE METAL PARTS

3RD PARTY COLLECT

BILL: DELPHI S, 44025 SAGINAW MI c/o

DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#:

ShipTime:

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per _____
(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid"

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____
(The signature here acknowledges only the amount prepaid)

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____
(The signature here acknowledges only the amount prepaid)

Charges advanced:

\$ _____

C.O.D. SHIPMENT

C.O.D. AMT _____

Collection Fee _____

Total Charges _____

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.

† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

† Shipper's imprints in lieu of stamp, not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

THIS SHIPMENT IS CORRECTLY DESCRIBED

CORRECT WEIGHT IS _____ LBS

HAMLIN

TOOL AND MACHINE COMPANY, INC.

1671 EAST HAMLIN ROAD
ROCHESTER, MICHIGAN 48307

Shipper, Per _____

Permanent post office address of shipper

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